

Short Case Reports

Tabes dorsalis of sudden onset associated with possible transverse myelitis

A. S. WIGFIELD

Ward 34, Newcastle General Hospital

The case to be described occurred in 1951. The records came to hand again only recently and they revealed an illness with unusual features. Each year the younger venereologist in this country sees a decline in his opportunities to gain a varied clinical experience of late syphilis and in this context it seemed that publication of the case history would be of value.

A male Cypriot waiter aged 42 presented at the Special Treatment Centre, Worcester Royal Infirmary, in 1951. He had contracted gonorrhoea 15 years previously but otherwise had been in good health. Two weeks before he attended he had noticed 'weakness' of the left leg, the right leg becoming involved 10 days later. He experienced no pain but complained of a 'frozen feeling' affecting the left leg up to the knee, the dorsum of the right foot, and the buttocks.

Examination

The pupils reacted sluggishly to light but briskly to accommodation. The weakness of which he complained was, in fact, ataxia of the lower limbs resulting in a very unsteady gait though Rombergism was minimal. Position sense of his great toes was impaired, but vibration sense, light touch, and pain sense in the lower limbs were intact. The knee jerks were present only on reinforcement, the ankle jerks were absent, and the plantar responses equivocal. There was no mental disturbance.

Diagnosis

On clinical grounds this was considered to be a case of tabes dorsalis of sudden onset. The blood Wassermann, Meinicke, and Kahn reactions were all positive. The cerebrospinal fluid was clear and colourless, there were 4 lymphocytes per cmm., the protein was 50 mg. per cent., there was a slight excess of globulin, a paretic Lange curve (5554220000), and a positive (+++++) Wassermann reaction.

Treatment

Antisymphilitic treatment was instituted with aqueous crystalline penicillin G, 500,000 units daily for 15 days. He was admitted to hospital on the fourth day of treat-

ment because he had suffered a sudden exacerbation of symptoms.

His ataxia was very much worse; he was unable to stand unaided and he had complete loss of position sense of the knees and below them. The right knee and ankle jerks were absent; the left knee and ankle jerks were present on reinforcement. He had a doubtful extensor response of the left great toe, but 3 days later an undoubted bilateral extensor response was present, including a left crossed extensor response. There was no disturbance of bladder function. A distressing feature of his condition at that time was the periodic occurrence of involuntary spasmodic contractions of the quadriceps muscle resulting in a violent kick. At this stage, the antisymphilitic treatment was stepped up to 1 mega unit aqueous crystalline penicillin G daily. He began Fraenkel's exercises and with the aid of physiotherapists and a pair of walking sticks was encouraged to try to walk up and down the ward.

Crystalline penicillin, at the rate of 1 mega unit daily, was continued for 17 days, after which procaine penicillin, 600,000 units was administered twice weekly and bismuth 0.2 g. weekly, for a further 6 weeks. He made a steady improvement and by the eighth week could walk fairly well without sticks. There was a great diminution in the paraesthesiae which, originally described as a 'frozen feeling', were subsequently described as 'tightness', 'stiffness', or 'heaviness'. The involuntary muscular spasms ceased. He was discharged from hospital 8 weeks after admission and continued to attend as an outpatient for his bi-weekly penicillin and weekly bismuth.

Progress

Improvement continued each week and 4 weeks after discharge he could climb the stairs without a stick, although he was still rather unsteady on his legs. After one month's rest from antisymphilitic treatment, a further course of penicillin was started consisting of 600,000 units procaine penicillin daily for 15 days, but after the twelfth injection he was arrested as a deserter from the Army and faced court martial. After some correspondence with the physician-in-charge of the Military Hospital to which he had been transferred, it was decided that he was unfit to face a court martial and was given an unconditional discharge. He returned to the clinic and by then was able to

walk unaided. Examination of the cerebrospinal fluid showed cells 0 per c.mm., protein 25 mg. per cent., Lange curve 2221110000, Wassermann reaction positive (+++). During the following 7 months he was given two courses of aqueous crystalline penicillin G, 500,000 units daily for 15 days.

Eighteen months after the acute onset of illness he was symptomless and back at work. The left pupil reacted normally but the right pupil only sluggishly to light, knee and ankle jerks were absent, plantar responses were flexor, and there was no evidence of ataxia. The blood Wassermann, Meinicke, and Kahn reactions were still positive, but the cerebrospinal fluid was now normal in all respects, save that the Wassermann reaction was reported 'doubtful'. He left the district and was not seen at the clinic again.

This case was unusual in the remarkable rapidity of onset of symptoms accompanied by signs and laboratory findings pointing to a diagnosis of tabes dorsalis. The dramatic deterioration of the patient's condition so soon after the commencement of treatment followed by rapid recovery suggested a Herxheimer reaction though this is a rare event in cases of tabes. The brief presence of bilateral Babinski responses suggested involvement of the pyramidal tracts but there was no other evidence of upper

neurone involvement, neither paresis nor bladder dysfunction. The tabetic process may have been complicated by the commencement of an acute syphilitic transverse myelitis.

Summary

A case of spinal syphilis is recorded with clinical signs suggestive of tabes dorsalis, complicated by a possible early transverse myelitis. Severe symptoms developed very rapidly and clinical recovery was complete.

My thanks are due to Dr. C. Romer, Physician-in-Charge of the Special Clinic at Worcester, for permission to borrow the case notes.

Tabes dorsalis d'apparition brutale associé avec une myélite transverse possible

SOMMAIRE

On décrit un cas de syphilis spinale avec des signes en faveur du tabes dorsalis compliqué par une myélite transverse précoce. De graves symptômes s'établirent très rapidement; la guérison clinique fut totale.